

Harvard Medical Alumni Bulletin

June 26, Number 4

June, 1952

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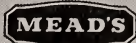
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Photograph by Donald N. Wysham, '53

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Stockholm in September

or

Societas Mundi Medica

IRA DIXSON, '28

Clinical Instructor in Medicine, University of Colorado Medical School

Part of the good fortune that befell me in 1951 was the privilege of being in Europe throughout September, the primary purpose of the trip being attendance at the Fifth General Assembly of the World Medical Association in Stockholm.

I flew into London on my fiftieth birthday and there met a Denver friend. A few days later, we took the boat-train to Newcastle, boarded a nice little Norwegian steamer and sailed across the North Sea to Bergen. From there I went on alone by rail to Oslo, where I found about every other street torn up for widening, in the fever of preparation for the Olympic Winter Games. Dutifully, I went to see the Viking ships and the raft *Kon-Tiki* in its temporary little museum. I did not know it had come to rest there until a few hours before I left Oslo. One look at the *Kon-tiki* made the Viking ships, in comparison, look as safe as the *Queen Mary*. From Oslo I flew on to Stockholm and the meetings.

World Medical Association — Historical Background

The World Medical Association is an international organization of national medical associations such as the British Medical Association, *Sveriges Läkarsförbund*, *Fédération des Médecins Suisses*, the American Medical Association, *Colegio Médico Nacional de Cuba*, and so on. Experience has made us all familiar with the fact that a few physicians from our own county medical society represent us in our state society, from which a certain number of delegates in turn represent us in the House of Delegates of the American Medical Association. The World Medical Association may be regarded simply as a fourth echelon created to represent our

interest as physicians on the international level. To accomplish this, two delegates from the American Medical Association are sent each year to the General Assembly of the World Medical Association. There are, at this writing, 43 member-nations in the Association.

A bit of historical background may be of interest. About a quarter of a century ago, Dr. Décourt of Paris, a wise French physician, sensed the value of professional medical co-operation across national boundaries. He, with Dr. Cox of London, brought into being *L'Association Professionnelle Internationale des Médecins* (APIM). This organization died with the advent of World War II, but the idea behind it, being indestructible, lived and continues to have its expression in the World Medical Association.

The organization committee for the new Association met in Paris in November 1946 and again in London in April 1947. When the first General Assembly was held in Paris in September 1947, thirty-two national medical associations had become members. In a most generous gesture, the residual funds of the APIM were transferred to the World Medical Association. This financial transfusion established a historical linkage between the two international bodies. The World Medical Association is now firmly established, possessing world-wide membership and organization, and is increasingly recognized as the official body to speak for the profession throughout the world.

Incorporated under the laws of New York State in February 1948, the United States Committee was established in support of the World Medical Association. In the beginning, to get the ball rolling, each

member of this Committee—really so large that the word “committee” scarcely gives the right connotation—agreed to chip in ten dollars a year for five years. With 1952, this five-year financial plan has been accomplished. At the start, also, the American Medical Association, the International College of Surgeons and the Mayo Clinic each contributed two thousand dollars; the American Red Cross and the National Foundation for Infantile Paralysis, five thousand dollars each. The larger pharmaceutical firms gave from one to five thousand each according to their size, the smaller ones giving in proportion, too. Many of these figures have been increased in more recent years as activity and interest have expanded with time.

There are four classes of membership in the United States Committee: individual physicians; medical organizations, such as the American Medical Association; businesses directly or indirectly serving the medical profession, such as pharmaceutical houses; and other individuals, businesses and organizations interested in furthering the work of the Committee.

As a specific objective, the United States Committee has underwritten for five years the support of the general secretariat of the World Medical Association and the expenses of the Council, which meets twice a year.

A national medical association wishing to join the World Medical Association first applies to the Council of the Association. After suitable inquiry, the Council makes its recommendation regarding the application to the General Assembly at its next meeting, the delegates assembled there making the final decision. Only one national medical association may be recognized in any country, but a provision exists for the election of an additional association from any country if two-thirds of the delegates present and voting, so decide. So far as I know, however, each member-nation now has but one national association representing it.

Basically, the World Medical Association

exists to deal on an international level with the social, political and educational problems affecting the profession. While its annual General Assembly devotes one afternoon to a scientific program of first quality, its primary concern is not with the science of medicine.

Broadly speaking, the Association has two purposes: first, the promotion of the highest standards in medicine and health throughout the world and second, the promotion of world peace through a better understanding among nations.

Association Structure

The Association works through its officers, its Council and its annual General Assembly. The officers at present are: president, Dr. Dag Knutson of Stockholm; president-elect, Professor Dr. George Krimpas of Athens; treasurer, Dr. Otto Leuch of Zurich; secretary-general, Dr. Louis H. Bauer of New York. In addition, there are four assistant secretaries: for Asia, Dr. S. C. Sen of New Delhi; for Australasia, Dr. John Hunter of Sydney; for Europe, Dr. Paul Cibrie of Paris; for Latin America, Dr. J. A. Bustamante of Havana. There is also a liaison officer with the World Health Organization, the International Red Cross and the International Labor Organization; he is Dr. Jean Maystre of Geneva.

The Council has fourteen members. Ten of these are elective, the president, president-elect and treasurer being members *ex-officio*. This year, for the first time, the Council is reinforced by a consultant-general who also has a vote; he is the retired chairman of the Council. This body of fourteen men shows good geographical balance, for they come from thirteen different countries representing all of our six great continental areas except Africa. Each elective member serves for three years and may be reelected without limit.

Parenthetically, not one of the nations of the “iron curtain” group was represented at the Fifth General Assembly. This deplorable fact was the more sharply pointed



PARLIAMENT BUILDING—STOCKHOLM

up in that not even a word was heard at Stockholm from the representative of China, who had been a member of the Council.*

In addition, there are various committees of great importance in the Association, each consisting of from one to six members. The officers and Council members comprise these committees in varying but effective combinations. These are the committees on Social Security Problems ("Socialized Medicine"), Medical Education, Medical Care and Allied Subjects, International Pharmacopeia, Miscellaneous Business and, finally, the committee on the Relationship of the Medical Press to the World Medical Association.

The real work of the Association is done by the officers and members of the Council; they are the wheel-horses, lavish of

their time and energies behind the scenes. In Council and committee meetings, they figuratively (perhaps literally, too) roll up their sleeves and forge the various reports and propositions to be placed before the General Assembly at its next meeting.

The General Assembly is the large democratic forum of discussion and decision. Its members hear the various reports and recommendations emanating from the Council and committees discuss them and finally either reject them or implement them by ratification.

Fifth General Assembly in Stockholm

The Fifth General Assembly met in the beautiful and imposing Swedish Parliament Building. Present were delegates and alternate-delegates from about 30 nations; a dozen official observers from eleven different national medical associations not listed among the delegates; one to three official observers for each of 22 different national and international organizations such as the Council for the Co-ordination of International Congresses of Medical Sciences, the League of Red Cross Socie-

* In the February 1952 *Rocky Mountain Medical Journal*, there is a note by a friend of mine who attended the fourth International Congress on Mental Health in Mexico City last December. Delegates were there from 32 nations, including three psychiatrists from Russia! Perhaps this is a hopeful omen.

ties, the Medical Women's International Association and the World Federation for Mental Health. And there was a fair boatload of ordinary observers like myself, these being, medically speaking, the lowest form of international organism.

In the Assembly, the president of the Association presides and wields the gavel. It has already become customary to choose as president-elect the president-elect of the recognized national medical organization of the country in which the General Assembly is next to meet. Thus, in the previous year, Dr. Elmer Henderson, then president of the American Medical Association, presided at the fourth General Assembly in New York and this year Dr. Dag Knutson, president of the *Sveriges Läkareförbund* (Swedish Medical Association), presided at the Fifth General Assembly in Stockholm.

Any accredited person, having been recognized by the chair, may speak in the Assembly on a given proposition, but the delegates are the only ones possessing voting power; hence, they make the final decisions. Each delegate has a single vote which must be cast in person. Each member-nation is entitled to two delegates.

The official languages are English, French and Spanish; each speaker's remarks as he makes them are simultaneously translated into the two languages other than his own. The translations are broadcast from sound-proof booths so that a listener may tune in on the speaker in the language of the listener's choice, thanks to the efficient "walk-about" head-phones provided. In the first session, if the speaker was talking in English, I occasionally found that I would be hearing him in three languages at once. This can be confusing! It would come about when the temperature and humidity within a sound-proof booth would rise to the point critical to the translator's comfort. Since translators, too, are human, he would then open his door, and in so doing, effectively nullify the sound-proofing for those in proximity to his booth. But the auditorium was com-

fortable and capacious and it was simple to move out of range of this confusing potential threat.

The General Assembly works through formal agenda, subjects being listed by number. The background material of committee reports and other pertinent matter is distributed to the members of the Assembly in advance, most of it several weeks before one starts his travels. Hence, the bulk of what is said in the sessions is spontaneous and unrehearsed and, thereby, more interesting. Much that is said necessarily concerns points raised unexpectedly by previous speakers. This *modus operandi* makes for excitement. One never can be sure just what is coming next, where stimulating repartee will arise, at what point some delightful humor will fall, nor when sage and impressive words will be heard.

The tone and general atmosphere of the General Assembly in session I find difficult to describe. One can almost feel the goodness of it. Perhaps good manners sums it up. Never have I sat in a group where quiet patience, good will, tolerance and sincerity of effort in trying to understand the other fellow's point of view were almost palpable realities. In the two years that I have listened from the sidelines, not once did I hear an unkind or impatient word. Playful sarcasm occasionally, but never acrimony. What a contrast with some of the sessions of the United Nations! Man of different nations have no quarrel with one another, but the statesmen of the world seem adept at contriving quarrels.

Record of Achievements

Perhaps the very fact that the World Medical Association exists is its greatest achievement so far. It was as recently as September 1947 that its first General Assembly was convened in Paris. Steadily since then, the foundations of the Association have grown more solid and it has functioned with increasing effectiveness. With no attempt to be encyclopedic, let me refer to some of its accomplishments to date.

It has created an unprecedented forum on an international level for an exchange of views and discussion of the common professional problems of physicians themselves, wherever they may be. Because the support of the World Medical Association is entirely on a voluntary basis, with none of it coming from the funds of any government, this forum is distinguished by its complete freedom from any political or governmental control. Here it has been strikingly demonstrated that when questions of health are involved, the interests of physicians are basically the same the world over, and, further, that physicians can contribute much for the good of all countries.

The Association has tackled the grave problem of what to do about the physicians involved in the so-called war crimes against humanity during World War II and has reached the only reasonable and humane solution to it. Confession, repentance and promises on the one side, with forgiveness on the other, manifested by ultimate acceptance into Association membership, were all involved. The basic approval for such an approach was an achievement of the first General Assembly meeting in 1947.

Further fruit of the action just referred to evolved in due time in the form of an up-to-date revision of the Hippocratic Oath. This was adopted at the Second General Assembly in Geneva in 1948 and has come to be known as the Declaration of Geneva. It is receiving increasing acceptance and is reprinted here for those who may be unfamiliar with it:

Declaration of Geneva

At the time of being admitted as a member of the medical profession:—

I SOLEMNLY PLEDGE myself to consecrate my life to the service of humanity.

I WILL GIVE to my teachers the respect and gratitude which is their due;

I WILL PRACTICE my profession with conscience and dignity;

THE HEALTH OF MY PATIENT will be my first consideration;

I WILL RESPECT the secrets which are confided in me;

I WILL MAINTAIN by all the means in my power, the honor and the noble traditions of the medical profession;

MY COLLEAGUES will be my brothers;

I WILL NOT PERMIT considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient;

I WILL MAINTAIN the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I MAKE THESE PROMISES solemnly, freely and upon my honor.

The World Medical Association has effected important liaison with numerous international organizations having interests related or complementary to its own activities, such as the World Health Organization, the International Labor Organization and many others.

Certain nations in which the medical profession was not represented by any organization are now in process of developing an appropriate organization. A notable example is Brazil.

The Association has brought into being a quarterly publication, the *World Medical Association Bulletin*, published in the three official languages, which has become self-supporting and has grown to have a circulation of about ten thousand.

By its action at the Fifth General Assembly, the Association is sponsoring an International Congress on Medical Education in London in 1953, just prior to the Seventh General Assembly to be held in Amsterdam. Currently the participation of the World Health Organization, the Council for the Co-ordination of International Congresses of Medical Sciences and UNESCO is being sought. This venture has great significance, for the problems of medical education have a fundamental relationship to all the many problems of medical practice.

Looking Ahead

It has been said by one of its past presidents that the World Medical Association may well come to have 60 nations in its



WORLD MEDICAL ASSOCIATION IN SESSION

membership, representing about a half-million physicians around the world. Ultimately, every nation may be influenced to have an organization properly representative of its medical profession. By its study and action in the war crimes matter and by the further dissemination of the Declaration of Geneva, the Association may well prevent among its member-nations any repetition of this sorry chapter in humanity's history. It will achieve a freer and more equitable flow of essential medical supplies among nations. It will probably see to it that, before a new drug is released for general medical use, there will have been in its country of origin an adequate controlled clinical trial of it. It may effect some relief of religious and medical personnel held with prisoners of war. And lastly, the World Medical Association holds great promise of achieving the miracle of having a government first

consult its physicians before allowing its politicians to pass laws vital to the health of its people.

In an unsettled world, the Association is a bright, steady light. Seeing this example, men of good will in other fields of human endeavor may similarly channel their energies toward the making of a real peace.

Stockholm — Extra-Curricular

Stockholm is a wonderful city and the Swedes equally wonderful hosts. The program of the General Assembly is so contrived as to lend a certain change of pace that tends to keep participants refreshed as they share the interesting week together.

Saturday was a day of arrival, of settling in and registering, with a visit in the afternoon to the Söder Hospital which, with the Karolinska, are the two largest and most modern hospitals in Sweden. Sunday and Monday were taken up with the ses-



STOCKHOLM, SEPTEMBER 1951

sions of the General Assembly. On Sunday evening, more than three hundred of us attended a banquet where we enjoyed the magnificent hospitality of the Swedish Medical Association. At the banquet the flag of the World Medical Association was presented by its talented secretary-general, Louis H. Bauer, '12. It was received on behalf of the Swedish Medical Association by its president, Dr. Dag Knutson. Blue-bordered, the flag's feature is a global hemisphere in blue, embroidered on a square background of white silk; slanting across the globe is a staff of Aesculapius, also contrived in blue. The flag will remain permanently in the possession of the Swedish Medical Association. It has become customary in the past two years to make such a presentation to the Association acting as host to the General Assembly. Dr. Bauer made his brief and gracious speech of presentation appropriately in the

three official languages—first in English, then in French, and finally (so everyone thought) in Spanish; but he took a deep breath and plunged on to repeat it in Swedish.

Tuesday was a holiday, a day of outing, and one of the most pleasurable and memorable days I ever hope to spend. More about it later. Wednesday forenoon was spent in Assembly session. That afternoon we attended a scientific session, the only one of the entire week. That evening we joined in an informal soirée at the National Museum. There we roamed through the impressive galleries of Sweden's collected art, later sitting down to a delightful concert of chamber music. By early Thursday afternoon the General Assembly had finished its work and many of us went on to visit the impressive Karolinska Hospital. An outstanding feature which concluded the week was the second

annual meeting of medical editors of the world, held on Friday. Some fifty periodicals were represented; four papers were given by editors from Canada, South Africa, Switzerland and the United States.

Stockholm is a city of fascinating waterways; with its immediate geographical area, it forms an archipelago of about forty thousand islands. It has been called the "knot of many waters" and the appellation is a fitting one. No other city in Europe or the Americas ties fresh and salt water together in anything like the intricacy and volume that Stockholm does. A map of the city shows a lot of blue on it—the blue of the fresh waters of Lake Mälaren pouring through four channels into the blue salt waters of a penetrating arm of the Baltic, the blue of waterways that cut straight through the city, the blue of little lakes and of larger sea-arms that nearly enclose the city on all sides.

Our Tuesday day-of-fun, therefore, could scarcely have started in any other way than it did. At a leisurely morning hour all of us—the bisexual composite of the pit and gallery of the Assembly, devoid of all protocol, taking a day off together—boarded five large motor launches and saw Stockholm from its liquid boulevards. Ultimately, we were locked up the single but critical foot into the arm of the Baltic and cruised on to our disembarkation at Valdemarsudde (Valdemar's Point), a peninsula of the island of Djurgården. Valdemarsudde was the home of the late Prince Eugen of the Swedish royal family. He died in 1947 after a long and productive life. The next year his former home, by his wish, was opened to the public.

From Valdemarsudde, we went by bus to Skansen Park, which dominates Djurgården. Skansen is one of the authentic outdoor museums of Scandinavia, with counterparts in Denmark and Norway. This is the one founded by Dr. Artur Hazelius in 1891 which set the pattern for the others. Here we enjoyed an excellent lunch served by waitresses gay and attractive in their native costumes.

This enjoyable day moved along at a leisurely pace with no grim scanning of schedule. I can't recall that I saw anyone with a watch in his hand the whole day. Thus, we had rich opportunity for chatting or deeper talk with whoever happened to be near—an opportunity which in retrospect seems possessed of an importance not fully appreciated by me at the time. In this informal setting, one could get the views of a colleague too timid to air them in the Assembly and also "get the feel" in the minds of many with reference to what was coming up next on the agenda.

We went over the road, back into the city, where we explored Stockholm's impressive *Stadhus* (Town Hall). It is a magnificent building; but it is eclipsed by Oslo's, built to commemorate that city's nine hundred years of existence. There, truly, is a bold and arresting structure.

By now it was approaching tea-time and getting a little chilly. We went on to our last treat of the day. Drottningholm. (*Drottning* means "Queen", therefore "Queen Island.") This palace to which we were driven was the summer home of the late King Gustav V. I believe tea was available for I saw one, possibly two, holding tea cups. The slight chill of the rest of us was quickly overcome, thanks to the excellent Martinis unexpectedly provided in this country of so many restrictive regulations regarding alcoholic beverages.

Drottningholm has been referred to as "Sweden's Versailles." Such a lay-out, seemingly, was a necessary adjunct of seventeenth-century royalty, whether they breathed French, Swedish or other air. We strolled outdoors over lovely paths for a glimpse of the formal gardens and park; but the eighteenth-century theater and the theater museum are the paramount attractions of Drottningholm. The theater was built for Gustavus III; in his day and for sometime later, it was used only by the royal family, their invited guests and the royal household. Throughout the nineteenth century it was in desuetude, but it was restored in the twentieth century with

meticulous detail and obviously with love and reverence. We saw everything precisely as it had been in the beginning. It is a jewel of a theater with a stage about 65 feet deep, looking even deeper because of the dozen or so wings pulled out which lend a narrowing perspective. Here, by candlelight, we enjoyed a delightful mélange of opera, ballet and orchestra. All was true to the period. Members of the orchestra, including the conductor seated and wielding his baton from a chair higher than the rest, were all in authentic costume, each with powdered wig and brocaded coat. The entire performance was beautifully done. Going out after it was over, I found myself with the feeling that "Berkeley Square" engenders—had I really been snatched back to the eighteenth century? At that moment, had anyone asked me the question, I would, for a split second at least, have answered in the affirmative.

* * *

This good week in Stockholm being concluded, I flew down to Copenhagen and, again, joined up with my friend from Denver. Going to Elsinore together was one of the further innocent pleasures we shared. There we failed to see the ghost of

Hamlet's father; but, walking the parapet, we felt sure he had been there, as Shakespeare duly recounted.

I flew on to Paris for a few days before flying back to Denver. Vacations can be too long. More often, they are too short. A rare and unexpected pleasure was added to my trip in that, suddenly I had a longing for home. This hit me the day before I was due to leave Paris. I'd had enough. Like the child at a holiday feast with a seemingly bottomless stomach who abruptly lays down his spoon over his unfinished dessert, so with me. The prospect of getting back to Denver, to my friends and my work, was a pleasant one.

One thing only made me loath to leave. A headline caught my eye at breakfast the morning of my last day there. It ran as follows:

PARIS TAXIS TO JAM TRAFFIC BY OBEYING ALL REGULATIONS

*Demonstration is Planned for October 5
as Protest against Physical Examinations,
Other Rules*

That I would like to have seen!

ANNUAL GIVING EXCEEDS \$100,000!

As of June 24 (with less than a week left of our fiscal year), the Alumni Fund had \$106,000 from 2200 givers. Final results and a list of donors will be published next fall in our first Annual Report.

Internships, Class of 1952

Unless otherwise noted all internships are for one year, commencing July 1, 1952

<i>Name</i>	<i>Hospital</i>	<i>Service.</i>
Aikman, W. O.	Barnes, St. Louis	Surgical
Andersen, J. G.	U. of Minnesota, Minneapolis	Surgical
Anderson, A. D.	Bellevue (III Div.), N.Y.C.	Surgical
Atkins, H. L.	Grace-New Haven Community	Medical
Ayvazian, J. H.	Bellevue (III Div.) N. Y. C.	Medical
Bartman, R. E.	U. Hospitals of Cleveland	Medical
Bascom, G. S.	Grace-New Haven Community	Surgery-Mixed
Berg, R. B.	Beth Israel, Boston	Medical
Berk, J. L.	Johns Hopkins, Baltimore	Surgical
Bernstein, E. A.	Beth Israel, Boston	Medical
Bernstein, J. S.	Mt. Sinai, N.Y.C.	Rotating
Bertles, J. F.	Presbyterian, N.Y.C.	Medical
Branaman, W. S., Jr.	San Francisco, U. of Calif. Service	Rotating
Brown, F. R., Jr.	Alameda County Hospitals, Calif.	Rotating
Brown, O. L.	Philadelphia General	Rotating
Bryan, Patricia C.	Fellowship	
Buchanan, W. R., Jr.	U.S. Naval Hosps.	Rotating
Butler, R. L.	Peter Bent Brigham, Boston	Surgical
Byerly, W. G., Jr.	Bellevue (I Div.), N.Y.C	Surgical
Carlton, L. S., Jr.	*Hartford	Rotating
Cather, C. H., Jr.	Cincinnati General	Rotating
Chanowicz, R. R.	Boston City (III)	Medical
Chiat, H.	Bellevue (II Div.), N.Y.C.	Medical
Churchwell, A. G.	U. of Minnesota, Minneapolis	Medical
Clawson, D. K.	Stanford U. Hospitals, San Francisco	Surgical
Cobbs, B. W., Jr.	Massachusetts General, Boston	Medical
Cochran, W. D.	Children's Medical Center, Boston	Pediatrics
Coleman, M. D.	Massachusetts Memorial, Boston	Medical
Collins, H. D.	Massachusetts General, Boston	Medical
Conkling, F. E., III	Johns Hopkins, Baltimore	Medical (Pvt. Wds.)
Constable, J. D.	Massachusetts General, Boston	Surgical
Costanzo, F. A.	USPH Service	Rotating
Cummings, R. W.	Stanford U. Hospitals, San Francisco	Surgical
Curran, W. S.	U. Hospitals of Cleveland	Medical
Curtin, R. R.	Massachusetts General, Boston	Surgical
Day, S. K., Jr.	Barnes, St. Louis	Surgical
Donovan, J. F.	Massachusetts Memorial, Boston	Surgical
Dowling, J. T.	Boston City,	Medical
Drewry, G. R.	Massachusetts General, Boston	Medical
Dudley, H. R., Jr.	Massachusetts General, Boston	Medical
Efron, R.	Peter Bent Brigham, Boston	Medical
Emerson, R. P.	Beth Israel, Boston	Medical-Special
Feeney, J. J.	Massachusetts Memorial, Boston	Medical
Feldman, M. I.	San Francisco, U. of Calif. Service	Rotating
Fornshell, R. P.	Peter Bent Brigham, Boston	Surgical
Giannelli, S., Jr.	St. Vincent's, N.Y.C.	Surgical
Gordon, G. S.	Barnes, St. Louis	Medical
Grinker, R. R., Jr.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Grow, B. K., Jr.	Boston City	Medical
Grunebaum, H. U.	Beth Israel, Boston	Medical
Guntheroth, W. G.	Peter Bent Brigham, Boston	Medical
Hancock, E. W.	Boston City,	Medical
Haynes, Ruth C.	Children's Medical Center, Boston	Pediatrics
Hendren, W. H., III	Massachusetts General, Boston	Surgical
Hinshaw, H. C., Jr.	Stanford U. Hospitals, San Francisco	Medical

*Two-year appointment

Hobart, K. H.	U. of Chicago Clinics	Rotating
Huggins, C. E.	Massachusetts General, Boston	Surgical
Huneycutt, J. B.	Jefferson Davis, Houston, Tex.	Rotating
Jackson, B. B.	Massachusetts General, Boston	Surgical
Johnson, T. W.	Stanford U. Hospitals, San Francisco	Surgical
Joyner, W. S.	U. of North Carolina, Chapel Hill	Mixed
Jurkiewicz, M. J.	Barnes, St. Louis	Surgical
Kaplan, M. H.	Boston City	Medical
Katz, S. L.	Beth Israel, Boston	Medical
Kearsley, R. B.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Keith, L. E.	U.S. Air Force	Rotating
Kelemen, P.	Henry Ford, Detroit	Rotating
Kelley, E. T., Jr.	Children's Medical Center, Boston	Pediatrics
Kent, S. W.	N. E. Center, Boston	Surgical
King, M. J., Jr.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Kirkland, J. A.	Med. College of Virginia Hosps, Richmond	Rotating
Klee, G. D.	USPH Service	Rotating
Kothe, Mollie Hubon	Bellevue (III Div.), N.Y.C.	Medical
Kraus, W. L.	Roosevelt, N.Y.C.	Medical-Mixed
Lamdin, Susanne E.	Massachusetts General, Boston	Pediatrics
Lance, K. P.	Peter Bent Brigham, Boston	Medical
Lefemine, A. A.	USPH Service	Rotating
Leinbach, L. B.	Boston City,	Medical
Leman, C. B.	Presbyterian, Chicago	Rotating
Lichtenstein, R. S.	Cook County, Chicago	Rotating
Lindley, J. E.	Jefferson Davis, Houston, Tex.	Rotating
Loesch, J. G.	U. of Ill., Research & Educational, Chicago	Rotating
Loop, J. W.	King County Hospital System, Seattle, Wash.	Rotating
Lorber, M.	U. of Chicago Clinics	Rotating
Luessenhop, A. J.	U. of Chicago Clinics	Surgical
Lundborg, B. W.	Pennsylvania, Philadelphia	Rotating
MacDonald, D. P.	USPH Service	Rotating
Malcolm, J. A.	Massachusetts General, Boston	Surgical
Martin, D. A.	U. of North Carolina, Chapel Hill	Mixed
Martin, J. J.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Merkley, R. G.	San Francisco, Stanford Service	Rotating
Mero, Kathleen	Peter Bent Brigham, Boston	Medical
Michener, D. P.	USPH Service	Rotating
Moersch, R. N.	Stanford U. Hospitals, San Francisco	Surgical
Mogul, S. L.	Beth Israel, Boston	Medical
Moore, W. L.	Med. College of Virginia Hosps., Richmond	Rotating
Morgan, W. L., Jr.	Massachusetts General, Boston	Medical
Murphy, J. W.	Kings County, Brooklyn	Medical
Myers, J. H.	Philadelphia General	Rotating
Neher, F. J.	U. of Minnesota, Minneapolis	Surgical
Ottenberg, B. P.	Hosp. of the U. of Pennsylvania, Philadelphia	Rotating
Palubinskas, A. J. B.	Henry Ford, Detroit	Rotating
Pauling, L. C., Jr.	Queen's, Honolulu	Rotating
Pierce, C. M.	Cincinnati General	Rotating
Pittman, J. A.	Massachusetts General, Boston	Medical
Potter, R. T.	Bellevue (I Div.), N.Y.C.	Surgical
Rachlin, W. S.	Beth Israel, Boston	Surgical
Radebaugh, J. F., Jr.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Rasmussen, H.	Massachusetts General, Boston	Medical
Reichard, J. F.	Boston City,	Medical
Rigler, S. P.	U. of Chicago Clinics	Rotating
Rinaldo, J. A.	Grace-New Haven Community	Medical
Rosa-Perez, C. E.	San Juan City, Puerto Rico	Rotating
Royaltey, H. H.	Los Angeles County	Rotating
Rubinstein, J. H.	Beth Israel, Boston	Medical
Ryan, K. J.	Massachusetts General, Boston	Medical

Salisbury, A. J.	Johns Hopkins, Baltimore	Pediatrics
Samelson, L.	Grace, Detroit	Rotating
Segal, S.	New York	Medical
Senft, A.	Fellowship	
Shapiro, P. B.	Beth Israel, Boston	Surgical
Shillito, J., Jr.	Peter Bent Brigham, Boston	Surgical
Smith, W. F., Jr.	Salt Lake County General	Medical
Spruiell, V. E.	Bellevue (II Div.), N.Y.C.	Medical
Sturtevant, V. R.	Delaware, Wilmington	Rotating
Taber, B-Z.	Cook County, Chicago	Rotating
Teel, P.	Peter Bent Brigham, Boston	Surgical
Thomas, J. B.	Massachusetts General, Boston	Medical
Thorlakson, N. F.	King County Hospital System, Seattle, Wash.	Rotating
Turner, J. J.	Boston City (III)	Surgical
Twitchell, Dorothy	Orange Memorial, Orlando, Fla.	Rotating
Vanderveen, J. L.	George Washington U., Washington, D. C.	Rotating
Wang, Yang	Massachusetts General, Boston	Medical
Watkins, L. C., Jr.	U. Hospitals of Cleveland	Medical
Webster, H. deF.	Boston City,	Medical
Wheeler, H. B.	Peter Bent Brigham, Boston	Surgical
White, A. C.	Vanderbilt U., Nashville, Tenn.	Medical
Wilber, J. A.	Boston City,	Medical
Wilson, L. G.	Children's Medical Center, Boston	Pediatrics
Wiseman, H. J.	Cincinnati General	Rotating

AN ODE TO INSOMNIA

or

A Reply to R. W.

When early in the morn
 To sleep you cannot get
 Just take a bit of liquid corn
 You'll never need to fret.

Insomnia of the morn
 Is common in young men
 Who day and night advice do scorn
 And cut from five to ten.

Away with knife!
 Away with care!
 Enjoy your life!
 Don't lose your hair!

This sage advice I hope you'll take
 So sleep you may, my dear R. W.
 You can't both eat and keep your cake
 Or else Insomnia will come to trouble you.
 F. A. S.

(Readers will recall the poem "Insomnia Auroralis" by R. W., which appeared in the April issue of the BULLETIN. We are happy to know that one of our alumni has been moved to reply in rhyme.—Ed.)

Honors



LOUIS T. WRIGHT, '15

The alumni of the Harvard Medical School may now add to their records one of the most significant events in their long history. The Medical School has played an effective role in starting one of its sons on a career leading to social and medical benefits for our whole society. We are given to honoring men for specific achievements in the advancement of medicine, but a demonstration of national import, expressing an air of spontaneous affection and respect for the person and achievements of a doctor, is singularly rare. The occasion was the reception and dinner given in New York on April 30, for Louis Tompkins Wright, 1915, upon the inauguration of the Louis T. Wright Library of Harlem Hospital. Dr. Wright's achievements in surgery are many, his skill in hospital organization and service exceptional, his social service to the nation great, but the gathering of eight hundred or more

people at the Hotel Statler seemed to be a harvest of respect for the man himself.

The co-chairmen of the Sponsoring Committee for the dinner were Dr. Henry W. Cave and Dr. Ralph J. Bunche. Among the honorary vice-chairmen were Dean George Packer Berry, Elmer A. Carter, Governor Thomas E. Dewey, William H. Hastie, the Reverend John H. Holmes, Mayor Vincent R. Impellitteri, Jacob K. Javits, Dr. Marcus Kogel, Father John La Farge, Herbert H. Lehman, Mrs. Franklin D. Roosevelt, Dr. Leonard Scheele, Arthur Spingarn, Dr. Channing H. Tobias and Walter White. Mr. White, secretary of the National Association for the Advancement of Colored People, and an old friend of Dr. Wright, acted as toastmaster. Official and personal greetings were brought to Dr. Wright and the great friendly audience by Dr. Cave, Dean Berry, Mr. Spingarn, Dr. Kogel, Dr. Tobias, Mayor Impellitteri and others. Dr. Wright was introduced by Mrs. Roosevelt, who paid tribute to his gallantry in the fight against bigotry and discrimination. "As a citizen of the United States," she said, "I am grateful that he is here to be honored, and that we are here to honor him." Her speech and Dr. Wright's response were broadcast over stations WLIB and WNYC.

In his response Dr. Wright said, "I have to plead 'not guilty' to many of the fine things which have been said about me." He paid tribute to his wife, Corrine Wright, to his two unusual daughters, Jane (M.D., New York Medical, '45) and Barbara (M.D., College of Physicians and Surgeons, Columbia University, '45), to his stepfather, Dr. William F. Penn, both tutor and main supporter of his education, and to Dr. John Fox Connors, who was Director of Surgery at Harlem Hospital, taught Dr. Wright the principles of good surgery, and above all insisted upon industry, scientific integrity and high standards. He gave due credit also to the staff of the Harlem Hospital. Of the Hospital, he said, "It represents, to my mind, the finest

example of democracy at work in the field of medicine. Its policy of complete integration throughout the institution has stood the test of time, having now been in practice for over twenty years. There is no racial or national bias, no segregation. Merit alone, in the light of the highest standards, governs the selection of personnel. Patients of all races are admitted and treated by doctors of many races."

Having in mind this charter for action, we remember that Dr. Wright was the first Negro physician to be admitted to the staff of any New York hospital, that on the day of his appointment to the out-patient staff of the Harlem Hospital in 1919 four doctors resigned in protest, that he is now president of the Hospital's Medical Board, director of its Surgical Division, director of the Harlem Hospital Cancer Research Foundation, and that he was the first of his race to become a member of the American College of Surgeons in 1934. Here shine integrity, high purpose and a persuasive personality.

Nor is this all. For the past eighteen years he has been Chairman of the Board of the National Association for the Advancement of Colored People, having won the respect and devotion of Arthur Spingarn, its president, Walter White, its able secretary, and countless thousands of others. He is one of twenty-two surgeons serving the New York City Police Department. The number of boards of which he serves, dealing with both community and national welfare, is too great to be listed here. He was one of the founders (1918) and continues to be one of the principal supporters of the John A. Andrew Clinical Society, the home base of which is the Tuskegee Institute and the John A. Andrew Memorial Hospital. The Clinical Society especially honored Dr. Wright at its thirty-fourth annual meeting, April 6-12. Dr. Wright started the Harlem Surgical Society in 1937, the *Harlem Hospital Bulletin* in 1948, and was a founder-member of the American Academy of Compensation Medicine. Among many other interests,

he is a medical adviser to the director of the Selective Service system in New York City.

Dr. Wright has been a Fellow of the American Medical Association since 1919; he was made a Fellow of the American College of Surgeons in 1934; a Fellow of the National Medical Association in 1938; a Diplomate of the American Board of Surgery in 1939; a Fellow of the New York Surgical Society in 1949; and an Honorary Fellow of the International College of Surgeons in 1950.

Louis Wright was born in LaGrange, Georgia, on July 23, 1891. He received his A.B. degree from Clark University, Atlanta, in 1911, his M.D., *cum laude*, from Harvard in 1915. Dean Berry notes that if a similar Medical School record were made today, the student would receive his degree, *magna cum laude*. Initial hospital training was received as an intern in Freedman's Hospital, Washington, D. C., 1915-16. In World War I he was in charge of surgery, Triage Hospital 366, 92nd Division, A.E.F., and was awarded the Purple Heart. He left active service as a captain, but rose to the rank of lieutenant-colonel in the Reserve Corps, retiring in 1942 when he became ill with pulmonary tuberculosis—a trying experience which limited his activities for three years. In 1938, he received the degree of Doctor of Science from Clark University.

In Dr. Wright's 96 published papers, a striking variety of interests may be found. The first, which appeared in the *Boston Medical and Surgical Journal*, 1916, entitled "The Effect of Alcohol on the Rate of Discharge from the Stomach," dealt with observations made while he was a student in Cannon's laboratory. In 1918 he described a method for intradermal vaccination against smallpox. In the *Journal of the American Medical Association*, April 1936, he described, "A Brace for the Transportation and Handling of Patients with Injuries of the Cervical Vertebrae." He wrote Chapter XII of Scudder's "Treatment of Fractures," eleventh edition, en-

titled, "Head Injuries." There are seven papers dealing with trauma of soft tissues such as stab wounds of the abdomen, traumatic rupture of the spleen and rupture of the liver. There are a dozen papers on lymphogranuloma. Twenty-six papers deal with therapy of a variety of conditions through the use of aureomycin. He is credited with being the first physician to use aureomycin in the treatment of man. On the subject of chemotherapy and malignant disease, there are twelve papers. In this particular field Dr. Wright's group is in close touch with Sidney Farber, '27, who attended the New York dinner. As co-author of many papers, Dr. Wright's name is associated with those of his colleagues, among whom are his daughters, Barbara and Jane Wright. As a hobby, he is collecting published scientific articles by Negro physicians, the number now exceeding three thousand papers.

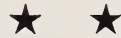
For a man long interested in books, medical writing and medical research, what could be more fitting than to dedicate the Harlem Hospital Library in his honor? In his address, Dr. Wright referred to the significance of an available working library, enabling the staff to keep abreast of knowledge and having its resources available for busy people at odd hours. Most fortunately the Commissioner of Hospitals for New York, Dr. Marcus Kogel, was able to give an enthusiastic and substantial lift to this project. He is obviously proud of Dr. Wright's extraordinary achievements.

Harvard Medical School has still another indirect connection with Dr. Wright in the person of Dr. Frances J. Bonner, now on the service of Stanley Cobb, '14, at the Massachusetts General Hospital. Her husband, Dr. Charles D. Bonner of Tufts Medical School, is a protégé of William B. Castle, '21. Her father, President David Jones of Bennett College, Greensboro, North Carolina, has known Louis Wright since the latter was ten years old. Dr. Jones was present at the dinner and his affection for Dr. Wright is another tes-

timony to the qualities responsible for the building of both a national and international reputation.

At the conclusion of the reception in New York, Dr. Wright was awarded a scroll by Aaron Prigot, '33, a television set by the Harlem Hospital house staff and an oil portrait, painted by Charles Alston. A man of high ideals, with dogged persistence in the maintenance of standards of excellence, his winsome modesty in indicated in the following statement: "No man has been helped by so many friends as I have been. Also those two unpredictable variables—time and chance—have operated many times to my advantage. In other words, I have been lucky."

We salute this most distinguished member of the Class of 1915, the leading physician of his race in America, and bolster our faith both in man and in our Medical School.



DEPARTMENT OF PSYCHIATRY

Recognition for the work being done in the Department of Psychiatry at the Boston Psychopathic Hospital was given by the American Psychiatric Association at their national meeting in May, in the form of the Hofheimer Prize of \$1500 awarded for the most significant research in psychiatry during 1951. This award was presented at the annual banquet to Dr. Milton Greenblatt, chief of laboratories and research at the Boston Psychopathic Hospital and clinical associate in psychiatry, Harvard Medical School; Robert E. Arnot, '40, research Fellow, Boston Psychopathic Hospital; and Beatrice Talbot, research social worker at the Hospital. The investigation so honored, entitled "One to Four-Year Follow-up of 205 Cases of Bilateral Prefrontal Lobotomy," is a broad and comprehensive clinical study of post-lobotomy adjustment of chronic mentally ill patients.



ROBERT E. ARNOT, '40

The Hofheimer Prize is awarded annually by a committee of distinguished American psychiatrists, headed by Dr. Nolan D. C. Lewis, professor of psychiatry, Columbia University. The award has been given annually since 1947 when it was established by the Hofheimer family upon the death during war service of their son, Lester Hofheimer. In order to stimulate research among younger people in the field, the Committee has stipulated that the mean age of authors must be forty years or less.

This official acknowledgement of outstanding research at the Boston Psychopathic Hospital calls attention to a long series of significant contributions which have come from this laboratory since 1943 when lobotomy was first introduced. The unusual opportunity provided by psychosurgery for study of the efficacy of a new treatment procedure for chronic mentally ill patients, for investigation of the effects of clearly demarcated destructive brain lesions upon emotions and behavior, and elucidation of the functions of the frontal lobes has been exploited to the full by the Boston Psychopathic Hospital group of re-

searchers. Investigations begun in 1943 have rapidly increased in breadth and scope and within recent years a veritable task force of workers in various disciplines—clinical psychiatry, psychoanalysis, sociology, sociometrics, psychology, electroencephalography and neurophysiology—have collaborated in an intensive analysis of effects of standard and modified brain operations, under the direction of Harry C. Solomon, '14, professor of psychiatry and medical director at the Hospital, and Dr. Greenblatt. The results of a series of investigations between 1943 and 1949 were published in 1950 as "Studies in Lobotomy." It was Chapter 7 in this book which received the Hofheimer Prize.

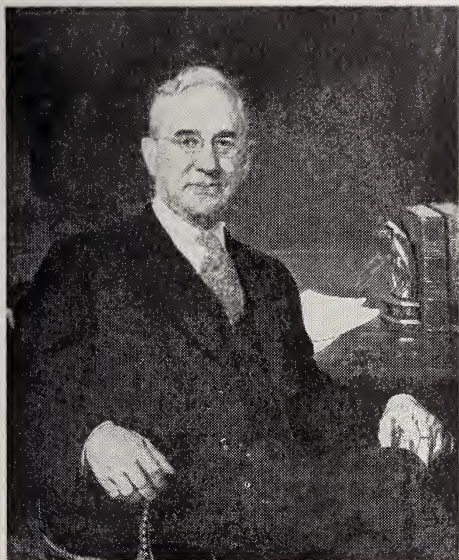
Investigations since 1949 have been brought together and correlated in a second volume nearing completion, to be entitled "Frontal Lobes and Schizophrenia," edited by Dr. Greenblatt and Dr. Solomon. Some 27 collaborators were involved in compiling the first volume and 35 in the second. The first volume was concerned largely with the effects of full bilateral prefrontal lobotomy; the second with modifications of the standard operation. The latter study represents one of the systematic investigations comparing new and limited types of brain surgery with the standard procedure.



MILTON GREENBLATT, M.D.

Francis Gilman Blake

1887-1952



Dr. Francis Blake's life terminated at the peak of an illustrious and varied career. As noted by the Yale Corporation on February 9, 1952, while he was Sterling Professor of Medicine and Dean of the School of Medicine, "his thirty years of service to Yale University were characterized by the highest ideals in medical education and training; he balanced his skill in research and practice with success as a teacher and administrator. His work in medical science advanced the knowledge of infectious diseases. His counsel to the Armed Forces on the health of troops won him the Medal for Merit. The nation lost his able leadership just as he assumed the post of Director of Army Medical Research."

Francis Gilman Blake was the son of Francis C. Blake and Winifred P. Blake, née Ballard. His father, a mining engineer associated with Mr. Carnegie, died when the boy was three years old; and young Francis was reared in Massachusetts. On June 1, 1916 he married Dorothy Palmer Dewey of Springfield, Massachu-

setts, who was then in training as a nurse at the Peter Bent Brigham Hospital. Their three sons have all embarked on professional careers, beginning in the graduate schools at Harvard. Francis Gilman Blake, Jr., received his Ph.D. in physics and is now director of a section of the California Research Institute. William D. Blake, '43—December, is assistant professor of physiology at Yale. John B. Blake is at work on a Ph.D. in history from Harvard, and is now writing a history of public health at the Institute of Medical History at Johns Hopkins.

A year after receiving his B.A. from Dartmouth in 1908 Dr. Blake entered the Harvard Medical School, from which he was graduated in 1913. He spent several years at the Peter Bent Brigham Hospital; first as house officer, then as assistant resident physician and later as resident. The following year, as Harvard's Moseley Traveling Fellow, he journeyed to The Rockefeller Institute in New York for the work in bacteriology which formed the basis for much of his subsequent clinical studies.

After a few months at the University of Minnesota, and two years in the Army Medical Corps, he returned to New York as associate in medicine of the Rockefeller Hospital (1919-20) and associate member of The Rockefeller Institute (1920-21). During this year and later years he was intimately associated with such brilliant men as Opie, Cecil, Avery, Dochez and Rufus Cole.

At this juncture the Yale University School of Medicine was reorganized; and Dr. Blake, then 34 years old, joined the new full-time group in 1921 as John Slade Ely Professor of Medicine. During the ensuing generation he assumed an increasingly influential role in Yale's medical affairs: as Sterling Professor of Medicine and chairman of the Department of

Internal Medicine (1927-52) and as Acting Dean and Dean of the School of Medicine, 1940-47. During the trying days of World War II, his able leadership did much to hold the Yale School on an even keel.

In the midst of a busy life Dr. Blake found time to be an active member of many societies, editorial boards and research foundations. Among these were the Society for Clinical Investigation, the Association of American Physicians, the National Academy of Sciences, the American Philosophical Society, the National Research Council, The Rockefeller Institute for Medical Research—as well as the Harvard Medical Visiting Committee and the Council of the Harvard Medical Alumni Association.

Dr. Blake received many honors of which the following are representative. On May 16, 1945 he received the Charles V. Chapin Memorial Award given by the City of Providence in recognition of contributions to public health. In 1945, also, he was awarded the United States of America Typhus Commission Medal for his investigation of scrub typhus fever in New Guinea and his work as director of a special commission sent to the Southwest Pacific Area in 1943. In 1946, in view of his many and continued contributions of this nature, he was awarded the Medal for Merit.

When he was elected to the National Academy of Sciences in April, 1947, these contributions were summarized succinctly:

"His interest has continuously been in the field of infectious diseases. During and immediately following World War I he conducted a number of experiments on pneumococcal pneumonia, hemolytic streptococcal pneumonia and influenza-bacillus infections in monkeys. He was able to establish measles experimentally in monkeys. This work for the first time put experimental measles in lower animals on a sound

basis and proved that the disease is caused by a filterable virus. He was able to show the presence of a toxic substance in the blood and urine of patients with scarlet fever and to demonstrate relation between the toxin and the course of the malady. He made contributions to the treatment of scarlet fever with scarlatinal anti-toxin. At one time artificial pneumothorax was advocated for the treatment of acute lobar pneumonia and he made pertinent contributions to this subject. (Harvey Lecture, 30:170-228, 1936.) He was among the first in this country to use sulfanilamide in the treatment of streptococcal infections; and he made a number of studies with this drug as well as with sulfapyridine and sulfathiozone. He was among the first in this country to use and test the value of penicillin. During World War II he held many positions, one of which was the presidency of the Army Epidemiological Board. He headed an Army Commission for the scrub typhus . . . in New Guinea . . . American scientists had very little first-hand knowledge about the disease and its vectors and animal reservoirs. The information procured by Dr. Blake and his commission forms the principal basis on which subsequent work by American investigators is based."

In his classic on "Aequanimitas," Sir William Osler might have been eulogizing Francis Blake. "In the physician . . . no quality takes rank with imperturbability. This means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril . . ." These were the qualities upon which Dr. Blake's associates came to rely during the Yale Medical School's growing pains.

When the day's work was done, however, categorical decisions were abandoned. In the congenial fellowship of the Beaumont Medical History Club on its annual pilgrimage to a local Connecticut shrine, Dr. Blake became the gentle, inquiring scholar. His kindly, sympathetic friendship, quietly expressed, guided many a perplexed neophyte and illumined the path of many an harassed colleague.

WILLIAM T. SALTER, '25

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 John F. Fulton, '27
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 Francis D. Moore, '39
 H. William Scott, Jr., '41
 Richard H. Sweet, '26
 Richard Warren, '34

Thomas H. Lanman, '16, Director of
 Alumni Relations

Mrs. K. B. Wilson, Executive Secretary
 Harvard Medical School
 Boston 15, Massachusetts

THE SUCCESS OF THE "MATCHING PLAN" FOR INTERNSHIPS

The internship appointments printed elsewhere in this issue of the BULLETIN attest to the initial success of the matching plan. All but a fraction of the Harvard candidates were placed on the first run and within twenty-four hours of the announcement of the appointments all of the Harvard graduates were assigned to excellent hospitals.

It is of interest that although 84% of the candidates throughout the country received their first choice, this held true for only about half of the Harvard graduates. The reason is obvious and reflects one of the great advantages of the matching plan. A large percentage of our graduates concentrated their first choices on a comparatively small number of hospitals. The plan permitted them to take these "long shots" on the most desirable appointments without jeopardizing their chances of getting well placed in another hospital. As the report of the National Student Intern Com-

mittee describes it, "It is just as though a candidate were given several acceptances simultaneously and was allowed to pick the one of his choice without pressure from any quarter."

Through a misunderstanding of how the plan operates, prior commitments were made by some hospitals. Actually, prior commitments work to the disadvantage of both hospital and student since they deprive them of the opportunity to take a long shot and possibly obtain the candidate or position most desired.

The matching plan does not and cannot provide an even distribution of interns among all the hospitals in the country. If it attempted to do so, it would fall of its own weight since there are many more appointments to fill than there are candidates available. All the plan accomplishes is to provide a free, democratic scheme for the selection of hospitals by students and vice versa. It will compel hospitals to provide a desirable training program if they are to obtain interns. Since the internship must be regarded as an educational opportunity for the man and not a service to the hospital, this is as it should be.

What to do about the small community hospitals which cannot attract interns at present and probably can never develop wholly satisfactory teaching programs is an entirely separate problem which has no bearing on the merits of the matching plan. Resident physicians and surgeons for these hospitals can best be obtained from men who have completed internships and are anxious to obtain more practical experience. A reasonable training program, an adequate opportunity for the individual to develop and a suitable stipend will make such opportunities very attractive. This is certainly the approach which the small community hospital must adopt.

Coming back to the matching plan, it can be concluded that it worked well on the first try. It promises a complete and satisfactory solution for what previously has been a chaotic situation. It deserves the wholehearted support of hospitals, students and the medical profession.

Regional Activities



EDWARD D. CHURCHILL, '20

ROCKY MOUNTAIN HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION

The fifth annual Harvard Lecture will be given at the University of Colorado Medical Center on Friday afternoon, November 7, 1952, by Edward D. Churchill, '20. The Lecture will be at five o'clock as usual, for the convenience of the medical students, but all physicians and any others interested will be welcome.

Dr. Churchill is John Homans Professor of Surgery at the Harvard Medical School and chief of the surgical services at the Massachusetts General Hospital.

In keeping with the established pattern of previous years, there will be the usual alumni dinner in Dr. Churchill's honor at the University Club following his Lecture. The next morning, Saturday, November 8, Dr. Churchill will honor us by giving a clinic at eight a.m. in the surgical amphitheatre at the Denver General Hospital. In this exercise we confidently expect to be both enlivened and instructed.

All alumni of the Harvard Medical School in the Rocky Mountain area will

receive a letter of final notification early in the autumn. It is hoped that more of them than ever before will be on hand for these stimulating events surrounding Dr. Churchill's visit to us.

IRA DIXSON, '28

HARVARD MEDICAL ALUMNI SOCIETY OF WASHINGTON, D. C.

Harvard Medical School graduates in the greater Washington area have recently formed the Harvard Medical Alumni Society of Washington. Officers elected at the first meeting include the following: president, Sidney Ross, '43-B; secretary-treasurer, Frank G. MacMurray, '43-B; program chairman, Charles A. Hufnagel, '41.

At a meeting on March 28, at the home of Lawrence E. Putnam, '34, Edward J. Cummings, '15, presented a paper entitled "The Eye and its Relation to Systemic and Focal Disturbance in the Body," and William S. McCune, '35, discussed "Mesenteric Thrombosis" with the aid of lantern slides.

HARVARD MEDICAL SOCIETY OF NEW YORK

At the spring meeting of the Harvard Medical Society of New York, held at the Harvard Club on March 27, the following officers were elected to serve for the year 1952-53: president, George M. Wheatley, '33; vice-president, John N. Robinson, '31; secretary-treasurer, Kenneth W. Thompson, '29; members of the executive committee, Irving L. Cabot, '20, Frederick H. Shillito, '31, David S. Speer, '43-A.

The Society is composed of Harvard Medical alumni living in the New York-New Jersey-Connecticut area. The group meets twice a year at the Harvard Club and all Harvard Medical alumni are cordially invited to attend the dinners. Those interested in becoming members should get in touch with the secretary, Kenneth W. Thompson, 20 Main Street, Orange, N. J.

KENNETH W. THOMPSON, '29,
Secretary-Treasurer.

Book Reviews

A TEXTBOOK OF ORTHOPEDICS, with a Section on Neurology in Orthopedics. By M. Beckett Howorth, M.D., in association with Fritz J. Cramer, M.D., Donovan J. McCune, M.D., A. Wilbur Durycce, M.D., J. William Littler, M.D., Walter A. Thompson, M.D., 1,110 pages. Philadelphia and London: W. B. Saunders Company, 1952. Price, \$16.00.

Beckett Howorth has judiciously used collateral authors in producing the best orthopedic text of our time. He is a prominent orthopedic surgeon associated with the New York Orthopedic and Roosevelt Hospitals in New York City. His fundamental way of thinking is well expressed in his *Textbook of Orthopedics*, of which he is the principal author.

The construction of the book enables it to serve both the student and the specialist. The first 187 pages encompass the basic knowledge for understanding extremity and spine disease. The manner of presentation is carefully adjusted to the needs of the student.

The book then proceeds to regional orthopedics and increases its comprehensiveness. This is especially true in areas which have previously interested the author, where he has added to the understanding rather than to the repetition of the literature. Those portions of the book written by Dr. Howorth contain information which is part of the active working knowledge of the author. He also shows himself well-versed in the literature of the past. When the author has felt the need of special knowledge he has added talent other than his own. Dr. Littler, in particular, has a well-written section on the hand.

The fourth section, "Neurology in Relation to Orthopedic Practice," recognizes a deficiency in orthopedic texts of these times and is a tribute both to its author, Fritz Cramer, and to the overall planning of the book.

The reproductions of photographs reflect an interest in excellent photography and have a similarity of style that is very pleasing and ties together a large text. If there is a criticism it is that occasionally a subject is presented in the book only to be briefly mentioned in a very general way. This is a fairly constant theme regarding fractures.

One expects that this book will aid the medical profession generally in the understanding of disease embraced under the term orthopedic surgery. It succeeds in satisfying the needs of the

student and of the specialist by its completeness and the recording of active knowledge. The clarity of thought will impress all who read it, and it is a very honest book.

ALBERT B. FERGUSON, JR., '43-B

PSYCHOTHERAPY WITH SCHIZOPHRENICS. Edited by Eugene B. Brody, M.D., and Frederick C. Redlich, M.D. 246 pages. New York: International Universities Press, Inc., 1952. Price, \$4.00.

This volume stems from the conference on Psychotherapy with Schizophrenic Patients held in the Department of Psychiatry, Yale University School of Medicine, on December 6, 1950. On that occasion three of the papers included in this volume were presented. Dr. Fromm-Reichmann spoke on "Some Aspects of Psychoanalytic Psychotherapy with Schizophrenics." Dr. Milton Wexler on "The Structural Problem in Schizophrenia" and Dr. Jerome Frank of "Group Psychotherapy with Chronic Hospitalized Schizophrenics." The book is completed by the addition of papers by Dr. Frederick C. Redlich on "The Concept of Schizophrenia and its Implications for Therapy"; a review of the literature on this subject by the co-editor of the volume, Dr. Brody; Dr. K. R. Eissler's paper, "Remarks on the Psychoanalysis of Schizophrenia" (previously published in the *International Journal of Psychoanalysis*); and, finally, a paper read at the American Psychiatric Association meeting in 1951 by Ruth and Theodore Lidz, "Therapeutic Considerations Arising from the Intense Symbiotic Needs of Schizophrenic Patients."

Since it would be impossible to summarize these seven papers adequately in this brief review, it will be necessary to try to cover the volume generally.

These papers reflect, on the one hand, the restrained optimism as to the possibilities of constructive psychotherapeutic work with schizophrenics, and, on the other, a keen awareness of the difficulties encountered. The etiology and pathogenesis of this disease, or group of allied diseases, is by no means clear, so that, at the moment rational etiological treatment is not possible. In this obscurity, workers are reduced to using general principles of good psychotherapy, central to which is the relationship between patient and therapist. There is as yet no clear agreement as to the role of the therapist. Dr. Eissler reports that schizophrenics, especially in the acute phases of the illness, respond to an authoritative approach. Because of the tendency of the patients to slide into dependent relationships fraught with hostility (dealt with at some length by the Lidz paper), Eissler feels that the gains thus made in the acute phase are secured at the expense of increased difficulty once the overt

psychotic symptoms subside. Wexler, on the other hand, reports success in the use of a very authoritative "stern father" approach. Fromm-Reichmann seems to occupy an intermediate position.

Anyone having the misfortune of suffering from schizophrenia would have reason to be thankful that psychiatrists have discovered three approaches to him and his problems which seem to hold some helpful possibilities. There remains for future work the clarification of which one, ultimately, may be of most value. This volume presents very adequately the work being done and the problems encountered in this difficult field. It can be highly recommended.

MALCOLM FINLAYSON, M.D.

A TRANSLATION OF GALEN'S HYGIENE. By Robert Montraville Green, M.D. 270 pages. Springfield, Illinois: Charles C. Thomas, 1951. Price, \$5.75.

The formalization and solidification of the classic concepts of disease as recognized in the second century, A.D., was the primary task of Galen, the Roman physician. Based on his theories, the practice of medicine, partly because no great figure followed him for nearly a thousand years, became fixed, sterilized and static. He held sway over the field for all this period and only comments on Galen were forthcoming, a tossing about of Galenic ideas in a vacuum of mediocrity. Only the Renaissance was to stop this unproductive course of medicine and set men again on an enlightened path of thoughtful evolution.

Galen, therefore, in his numerous writings, preserved the theories of his predecessors for us and wove them into a basic text, indispensable to the student of medical history and not without some inspiration to the present generation of physicians. Galenic texts are readily available in Latin and Greek but scarce in English. There is no complete translation in any modern language. One welcomes an English version of even a small segment of Galen's prolific output such as Dr. Green has provided admirably in his translation of *De Sanitate Tuenda*.

This book contains a theoretical discussion of the value of exercise, bathing, massage, fresh air, toilet hygiene, diet, venesection, general drugs, cathartics, rest, the application of heat and cold, breast-feeding and a scattering of ideas on diagnosis. The book is largely a compilation, for Galen was first a writer, scholarly and vigorous, an experimenter and philosopher, and only secondarily a practitioner. His patients, probably not many in number, came from the restricted class of patrician Rome and he adds little of a practical nature to a state of knowledge regarding bedside medicine. *Hygiene*, as with

most of Galen's works, except for his studies on anatomy and physiology, is taken up with theorizing based on a concept, old even in his time, that health depended on a condition of humoral balance. To the modern reader the text, lacking humor or the personal touch, is rarely inspirational.

HENRY R. VIETS, '16

TEXTBOOK OF REFRACTION. By Edwin F. Tait, M.D., Ph.D., 418 pages. Philadelphia: W. B. Saunders Company, 1951. Price, \$7.50.

The author of this admirable volume, which is devoted largely to the techniques of ocular refraction, has had extensive experience as a teacher in this field. He is obviously aware of the dismay with which students of refraction contemplate the mass of available literature, and he has had considerable success in the difficult matter of including only those features which are of immediate importance to the practicing refractionist.

The book is at its best, perhaps, in those sections which deal with binocular vision; but the chapters which deal with the other common office procedures are lucid and, in most instances, easily applied. The bibliography is intentionally brief and refers mainly to textbooks and articles of recognized authorities. There are numerous useful tables and summaries.

The student of refraction, as well as the practitioner, will find much of interest in this compact and well organized textbook.

S. FORREST MARTIN, '34

WHEN DOCTORS ARE PATIENTS. Edited by Max Pinner, M.D. and Benjamin F. Miller, M.D. 356 pages. New York: W. W. Norton and Company, Inc., 1952. Price, \$3.95.

This is an unusual book and one which will surely become a "best-seller." Several chapters have already been printed in magazines having a national circulation.

A doctor's subjective impression of his own illness, the measures that he found helpful in combating the physical as well as the mental traumata he underwent, have an almost universal appeal to any literate person, be he from a medical or lay environment.

The reader stimulated by the title will not be disappointed. The 34 contributors all have something to say, and whereas an individual afflicted with the particular disease described or a member of his family or his doctor will be most interested, yet no reader can escape the impact of the honest, naked evaluation of the effects of

disease on personality or of personality on disease as here displayed.

The writing, with so many authors, is of necessity a little uneven. Some display greater ability or perhaps less reticence than others, but they all teach something to him who will learn.

This reviewer, from a practical point of view, gained much insight into the technique of treating a medical colleague, always a difficult problem. It was impressive to find so many authors express resentment over the fact that they were not treated like any other patient.

The editors deserve great credit. This is an important book.

EDWARD HAMLIN, JR., '33

CASE HISTORIES IN PSYCHOSOMATIC MEDICINE. Edited by Henry H. W. Miles, M.D., Stanley Cobb, M.D. and Harley C. Shands, M.D., 306 pages. New York, New York: W. W. Norton and Company, Inc., 1952. Price, \$4.50.

This book presents a series of case studies drawn from the clinical conferences of the psychiatric service of the Massachusetts General Hospital. Intended primarily for the non-psychiatrist, it places particular emphasis on those aspects of psychosomatic disease which best point out the value of teamwork among the various medical specialties, together with the ancillary services of psychology and social service in the treatment of the general medical or surgical patient. The potentially valuable contribution of each of the various medical disciplines to the others is pertinently stressed.

All but two of the 21 cases have previously been published elsewhere, but here are compiled into a very readable volume. The selection includes, but is wisely not restricted to those conditions so commonly considered as "psychosomatic illnesses," such as peptic ulcer, asthma, ulcerative colitis, essential hypertension and rheumatoid arthritis. It is extended to include cases illustrative of emotional reaction to disease and to diagnostic and therapeutic procedures. The problem of barbiturate withdrawal, which unfortunately occurs frequently enough to warrant more consideration than is accorded it in the literature, is here presented and discussed most instructively. While the case histories as presented do include mention of factors whose dynamic significance may be obvious only to those with psychiatric background, the discussion and comment clarify these points in a manner which makes them quite understandable to the non-psychiatrically trained student and physician.

The two introductory chapters deserve particular attention. Dr. Stanley Cobb's discussion

of "Some Principles and Applications of Psychosomatic Medicine" is very worthwhile reading, particularly for those not thoroughly conversant with the neuroanatomical basis and neurophysiological mechanisms of emotional expression. The influence of emotions in the production of various system dysfunctions and in the development of lesions is well presented. Dr. Avery Weisman's paper on "The Doctor-Patient Relationship, its Role in Therapy" should be considered as "must" reading for everyone concerned in any aspect of patient care.

This book points out very well that (in Dr. Cobb's own words) "It is the task of psychosomatic medicine to bring internist, surgeon and psychiatrist together to co-operate for the patient's good." It does, indeed, offer strong support for the practice of "integrated medicine," and is recommended to the medical profession at large.

SAMUEL BOJAR, M.D.

SPATIAL VECTORCARDIOGRAPHY. By Arthur Grishman, M.D. and Leonard Scherlis, M.D., 217 pages with 88 illustrations. Philadelphia and London: W. B. Saunders Company, 1952. Price, \$6.00.

In the electrocardiogram, the moving projection of the action current of the heart is recorded from a series of vantage points on the surface of the body. In the spatial vectorcardiogram, on the other hand, with an arbitrary set of fixed points on the body as a scale of reference, an attempt is made to reconstruct, rather than its projections, the actual three-dimensional direction and the velocity of the action current itself. It has been the hope of workers in this field, by reconstructing this "loop", utilizing one method or another, to correct some of the shortcomings of the currently employed "scalar" electrocardiographic method. This text, which employs a cubic technic of electrode placement, is a competent and up-to-date presentation of the subject. The authors show how it is possible, in general, to predict the configuration of the various derivative electrocardiographic leads from this spatial vectorcardiogram as recorded in three planes; how the direction of inscription, the presence of abnormal contours and appendages, and the spacing of the time markings may supply decisive information not evident in the routine electrocardiogram; and how damage to an area of the myocardium, by diminishing its electrical output, disturbs the total balance of electrical forces and thus changes the appearance of the "loop." The book includes a discussion of the vectorcardiographic differentiation between right ventricular hypertrophy and right bundle branch block. This reviewer was

unable to account for all electrocardiographic changes from the vectorcardiograms illustrated, the result presumably of differences in the respiratory phase at which recordings were made or of distortion in either the electrocardiogram or the vectorcardiogram or in both, and thus was confused as to which of the two should be regarded as representing or reflecting a "true" loop. He also found the lettering of some of the illustrations, and indeed some of the illustrations themselves, too small to be clearly legible; in many instances this could have been remedied by enlarging the illustrations, utilizing wasted space at the margins.

This book is recommended to workers in clinical or theoretical electrocardiography as an authoritative and stimulating exposition of the subject and the first English text presenting the "loop" as opposed to the "vector" point of view.

HAROLD D. LEVINE, '32

THE CLINICAL USE OF FLUID AND ELECTROLYTE. By John H. Bland, M.D., 259 pages with 75 figures. Philadelphia and London: W. B. Saunders Company, 1952. Price, \$6.50.

This is an excellent book. It combines thorough, accurate and practical information with the ability to present facts clearly and concisely, with regard, as the author says in his preface, to their "day to day clinical application." It contains a preliminary chapter on basic physiologic considerations of body fluid and electrolyte and then goes on to discuss derangements in disease, and their proper repair. An excellent and unusual chapter on the application of these principles to the geriatric patient is included. It is profusely illustrated with schematic diagrams patterned after those popularized by Gamble. An important adjunct is the inclusion of a normal schema for each one showing derangement, so that the direction and degree of abnormality may be accurately assessed. Although the author on occasion allows himself the luxury of speculating on experimental results which may serve only to confuse, on the whole an admirable balance is struck between theory and practical fact.

In addition to covering the usual problems of fluid and electrolyte balance in surgical and medical patients, there is a chapter on electrolyte response to stress and the effects upon body fluid and electrolytes of ACTH and Cortisone.

There are minor inaccuracies such as the statement that mercurial diuretics act upon the resorptive mechanism for sodium and that the normal body water comprises 70% of body weight. But on the whole, they are more than

overbalanced by the general excellence of the book.

This reviewer is particularly happy to note the clarity and good sense with which the use of mercurial diuretics in the presence of renal disease is discussed. The inclusion of the Mead-Johnson table, containing sodium and potassium content of foods may be of some practical value. Certainly its application is wide; for the sodium and potassium contents of food substances from dandelion greens to quail breast meat and sauterne wine are included. The range of a patient's dietary problems could be no wider than this!

Two glaring inadequacies, however, should be corrected in the next edition. The first of these is the inadequate and somewhat confused discussion of the problem of refractory hyponatremia in the cardiac patient. The second is the electrocardiographic illustrations of changes occurring in electrolyte abnormalities which, although correctly described as illustrated, represent no depolarization and repolarization phenomenon, including the normal, that this reviewer has ever seen.

Dr. Bland's contribution, however, is an important one, and by far, the clearest and most inclusive work of its kind to date. It is highly recommended for third and fourth-year medical students and for general practitioner and specialist alike.

JOHN P. MERRILL, '42

THE SPECIALTIES IN GENERAL PRACTICE. Edited by Russell L. Cecil, M.D., 818 pages with 470 figures. Philadelphia and London: W. B. Saunders Company, 1951. Price, \$14.50.

According to the editor this volume is designed to provide the general practitioner with the essential facts which he needs to recognize and treat patients who are suffering from diseases usually described as belonging to the "medical specialties." The book contains a wealth of information and, undoubtedly, will prove valuable to all general practitioners whether or not they attempt all of the surgical techniques which are described in the volume.

Although one may not agree with the thesis that general practitioners should undertake so wide a variety of general and special surgical procedures, the fact remains that it is being done. This book would seem not only to recognize the fact, but to encourage it. In general the authors have restricted their discussions to those procedures which may of necessity have to be performed by general practitioners. Emphasis has been placed largely on diagnosis and recognition of the more complicated conditions,

whereas the technical operative procedures of the less complicated conditions are described in detail.

It is quite likely that specialists will disagree with many of the techniques described, but this is largely a matter of personal preference rather than one of fundamental importance.

The book is recommended for all physicians and surgeons who are engaged in the general practice of medicine. It should not be regarded as a text for teaching.

J. ENGLEBERT DUNPHY, '33

SALT RIVERS OF THE MASSACHUSETTS SHORE.

By Henry F. Howe, M.D., (Harvard Medical School, '30). 349 pages. New York, New York Rinehart and Company, 1951. Price, \$4.00.

This book, number 45 in the Rivers of America Series, is the happy result of an almost impossible assignment. Other volumes in this series have dealt with the Charles and will deal with the Merrimac. Dr. Howe chose to eliminate Cape Cod as being outside his scope and to minimize the Boston and Salem-Essex areas because of previous thorough coverage. This would seem not to leave much for a book of this title—but the author tells us the late Hervey Allen proposed the idea and *his* "Anthony Adverse" could hardly be called skimpy!

Starting with the geological formation of eastern Massachusetts, and proceeding with the geography, flora and fauna, through the red and white men to the present, the book is pleasantly readable, yet bears the mark of a tremendous amount of scholarly work. It is actually a history of eastern Massachusetts, with emphasis on the towns and smaller cities which grew up along the coast, usually in relation to small tidal streams. With the decline of water power due to the introduction of steam in the early 19th century, the salt rivers of the title lost their importance. The disappearance of the whaling industry, the decline of coastal trading, the southward and westward expansion of industries and population—all have robbed this region of its earlier importance. But Dr. Howe brings us to the present by proposing that rivers from this area—rivers of thought, customs and people—have continued to roll. The cultural and scientific trends flowing from this region are now, he thinks, their most valued contribution.

CURTIS PROUT, '41

Books Received

The receipt of the following books is acknowledged, with our thanks to the authors and publishers for their courtesy. Books that appear to be of particular interest will be reviewed as space permits.

CASE RECORD FROM A SONNETORIUM. By Merrill Moore, M.D. Drawings by Edward St. John Gorey. New York, New York: Twayne Publishers, 1952. Price, \$1.50.

CURRENT THERAPY, 1952—LATEST APPROVED METHODS OF TREATMENT FOR THE PRACTICING PHYSICIAN. Howard F. Conn, M.D., Editor. 849 pages. Philadelphia & London: W. B. Saunders Company, 1952. Price, \$11.00.

NEUROSURGERY. By Gilbert Horrax, M.D. 121 pages. Springfield, Illinois: Charles C. Thomas, 1952. Price, \$3.75.

PRESCRIPTION FOR MEDICAL WRITING—A USEFUL GUIDE TO PRINCIPLES AND PRACTICE OF EFFECTIVE SCIENTIFIC WRITING AND ILLUSTRATION. By Edwin P. Jordan, M.D., and Willard C. Shepard. 112 pages with 26 figures. Philadelphia and London: W. B. Saunders Company, 1952. Price, \$2.50.

SURGERY AND THE ENDOCRINE SYSTEM—PHYSIOLOGIC RESPONSE TO SURGICAL TRAUMA—OPERATIVE MANAGEMENT OF ENDOCRINE DYSFUNCTION. By James D. Hardy, M.D. 153 pages with 43 figures. Philadelphia and London: W. B. Saunders Company, 1952. Price, \$5.00.

DOCTORS IN BLUE—THE MEDICAL HISTORY OF THE UNION ARMY IN THE CIVIL WAR. By George Worthington Adams. 238 pages. New York, New York: Henry Schumann, Inc., 1952. Price, \$4.00.

